



DELAWARE DIVISION OF PARKS AND RECREATION

ANNUAL PARK PASS ASSISTANCE PROGRAM VERIFICATION OF BENEFITS

Instructions to Applicant: Complete the information in the box below, sign the form giving your caseworker permission to release the information on the form. Give to your caseworker to complete the verification of benefits section. The form along with proper identification and payment can be taken to any State Park Office or DNREC Headquarters, Licensing Desk, 89 Kings Highway, Dover DE 19901 to purchase an annual pass for the assistance rate.

Applicant's Name: _____	Date of Birth: _____
Address: _____	Case Number: _____
Phone Number: _____	E-mail (optional): _____

I hereby give permission to release the above information.

Applicant's Signature	Date
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VERIFICATION OF BENEFITS

Instructions to Caseworker: Check all program(s) the applicant is currently receiving and the expiration of these benefits. Complete the information verifying your contact information.

- | | |
|--|---|
| <input type="checkbox"/> Public Assistance (exp. date): _____ | <input type="checkbox"/> General Assistance (exp. date): _____ |
| <input type="checkbox"/> Medicaid (exp. date): _____ | <input type="checkbox"/> Food Stamps (exp. date): _____ |
| <input type="checkbox"/> WIC (exp. date): _____ | <input type="checkbox"/> Child Care Assistance (exp. date): _____ |
| <input type="checkbox"/> Supplemental Security Income (SSI) (exp. date): _____ | |

Issuing Agency _____	Date: _____
Name of Case Worker (print) _____	Work Title: _____
Phone Number _____	

Official Use by State Park Employee: (Photo ID with signature is needed for verification.)

Applicant's DL# _____	Vehicle Tag # _____
Park Employee (print) _____	
Park Employee Signature _____	